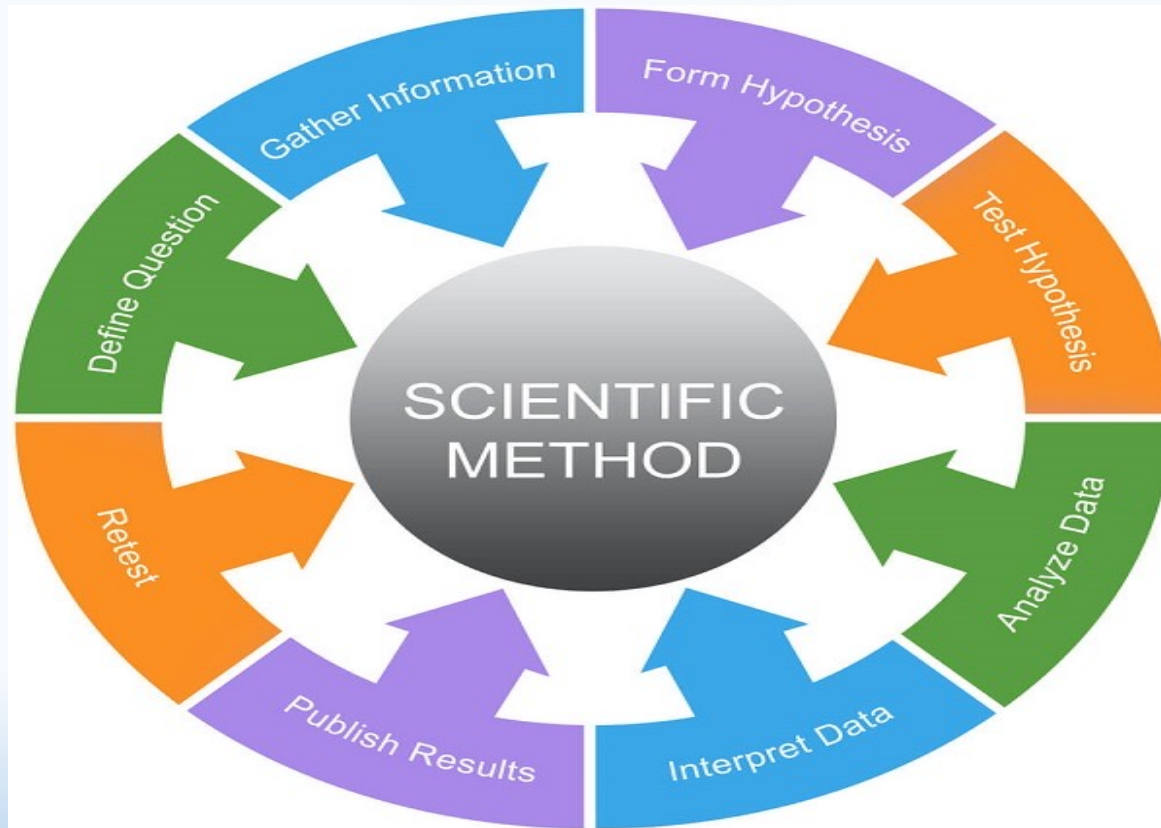


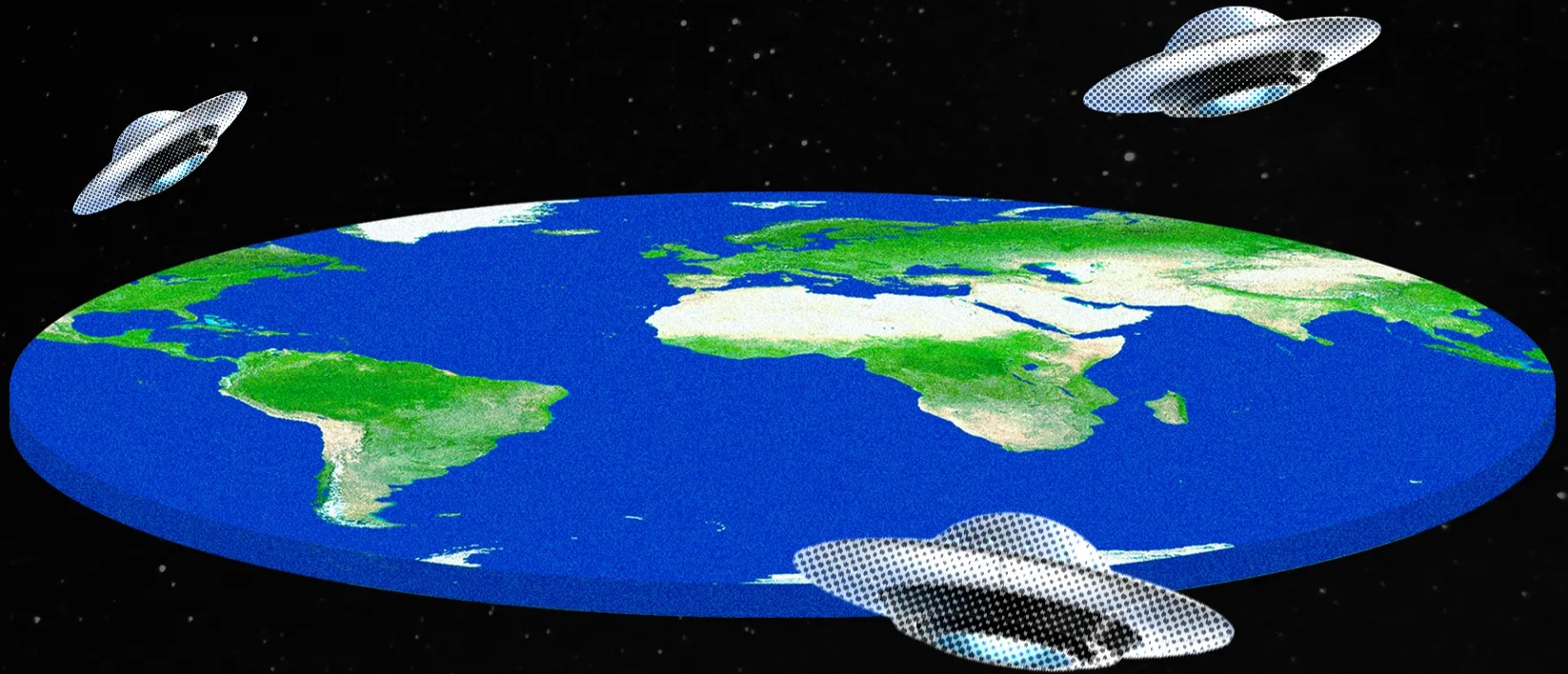
# AFFIRMING THE ALIENATION: KEEPING SCIENCE IN THE COURTROOM



# THE CORRECT WAY TO MAKE CLINICAL FINDINGS



# But Like the Flat-Earthers



**There are those who assert:**

**MY MIND IS MADE UP.**



**DON'T CONFUSE ME WITH THE FACTS.**

# WHAT IS ALIENATION?

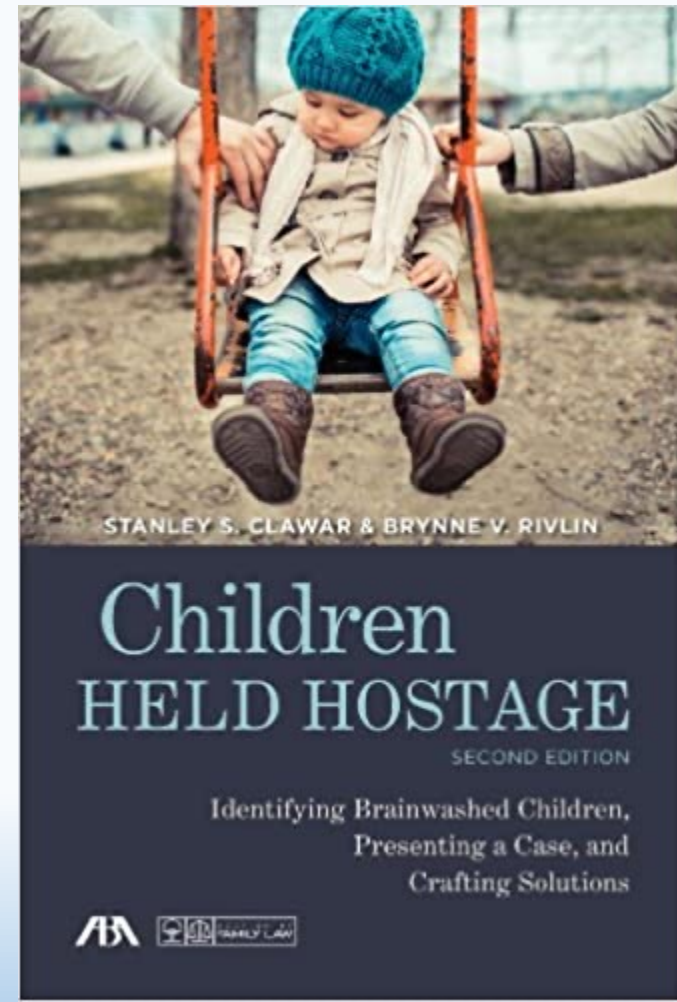
- The **UNREASONABLE** rejection of a parent by a child who is influenced/programmed—whether intentionally or unintentionally—by the other parent/parental figure absent a bona fide protective reason
- The rejected parent’s behaviors do not rise to the level of clinical significance for abuse or neglect—as determined by the scientific method to make clinical findings  
or
- The rejected parent’s behaviors are utterly out of proportion to the anti-instinctual clinical condition of “child rejection of a parent”

# WHAT IS ALIENATION?

- Alienation is undue influence, i.e., manipulation, indoctrination, programming and/or brainwashing of a vulnerable, dependent child by a parent/parental figure.

***Brainwashing* is a legitimate psychological term!  
(Clawar & Rivlin, 2013)**

**Published in 2013 by the Family Law Division  
of the American Bar Association**



# What is Estrangement?

- A child rejects a parent for **JUSTIFYABLE** reason—bona fide abuse or neglect on the part of the rejected parent **or** negative parenting behaviors that are in proportion to a child's extremely anti-instinctual rejection of a parent
- **TYPICAL** parenting mistakes, imperfections, and occasional problematical parenting would virtually never result in a child rejecting a parent—unless the child had been programmed to do so

# What is Estrangement?

- The rejection must occur in the *absence* of an alienating influence
- It is very common for children to forgive their abusive parents—especially if the abusive behaviors had been remediated—and very common for children to engage in behaviors to re-attach to their parents
- It is therefore *not* an automatic estrangement case should there have been prior abuse. It must be determined if the favored parent had exploited the prior abuse by reminding the child about it and exaggerating what had occurred

***Estrangement cases are exceedingly rare!***



# **THE HYBRID: mixed alienation and estrangement**

- **Alienating behaviors by the favored parent and estranging behaviors by the rejected parent by which each parent had made relatively equal and significant contributions to the child's rejection and to the dysfunctional family dynamics**
- **The rejected parent had committed—and is typically still committing—clinically significant abusive and/or neglectful behavior that had not been remediated and for which the child may not have forgiven or forgotten**

# **THE HYBRID: mixed alienation and estrangement**

- **The favored parent has capitalized on the rejected parent's abusive and/or neglectful behaviors by unremittently reminding the child of the behaviors**
- **The favored parent often exaggerates and distorts the rejected parent's abusive/neglectful behaviors and urges the child not to forgive or forget**

***Although the hybrid hypothesis is most often cited by non-specialists as the cause of the child's rejection, the hybrid model is also exceedingly rare***

# **THE HYBRID: mixed alienation and estrangement**

- **No case should be called a hybrid simply because both parents “participated” or “played a role” in the family dynamics**
- **Before the hybrid model can be determined to be the correct hypothesis to explain the child’s rejection, the case evidence must be assessed according to:**
  - **Establishment of a causal connection between the rejected parent’s behaviors and the child’s rejection**
  - **The clinical axiom to “consider severity”—meaning assigning weight to a) each parent’s behaviors for significance, relevancy, and seriousness and b) determining if the rejected parent’s behaviors are in proportion to the clinical condition of “child rejection of a parent”**

# THE HYBRID: mixed alienation and estrangement

## *Assessing for the Causal Connection*

- In order for the rejected parent to have been the cause of the child's rejection, any negative behavior by the rejected parent must be causally-connected to the child's rejection (and thus temporally-connected to the rejection)

*(For something to be the cause of an effect,  
it must precede the dependent effect)*

- Typically, the alienated parent's *reactive* behaviors to the trauma from the alienation—are cited as the cause of the child's rejection

# THE HYBRID: mixed alienation and estrangement

## *Assessing for Severity*

- The severely alienating parent's behaviors are typically extreme, bizarre, unreasonable and frequently *antisocial*
  
- Such behaviors typically include, but are not limited to:
  - violating of court orders;
  - involving the children in violating the court orders and therefore violating the law;
  - making knowingly false child abuse and DV allegations;
  - manipulating the children to confirm the false allegations;
  - reporting deceptively and untruthfully
  - lacking empathy for their child's need for their other parent nor for the other parent's need for involvement in their child's life

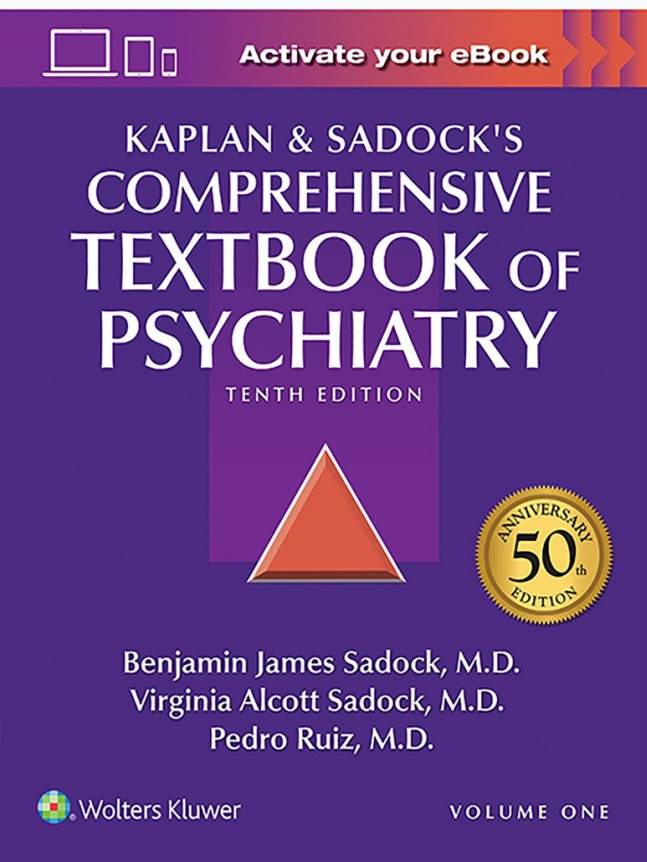
# THE HYBRID: mixed alienation and estrangement

## *Assessing for Severity*

- **Modeling, permitting and/or encouraging the child to engage in antisocial behaviors by:**
  - ♦ **the way the child maltreats, rejects, defies the alienated parent;**
  - ♦ **emotionally hurts the alienated parent;**
  - ♦ **sometimes physically assaults the alienated parent;**
  - ♦ **displays no empathy or remorse for hurting the alienated parent**
  - ♦ **hurting and rejecting grandparents, aunts, uncles, and cousins on the alienated parent's side of the family**
  - ♦ **more**

# ALIENATION IS SETTLED SCIENCE

*Under the section of psychological abuse,  
the following is written:*

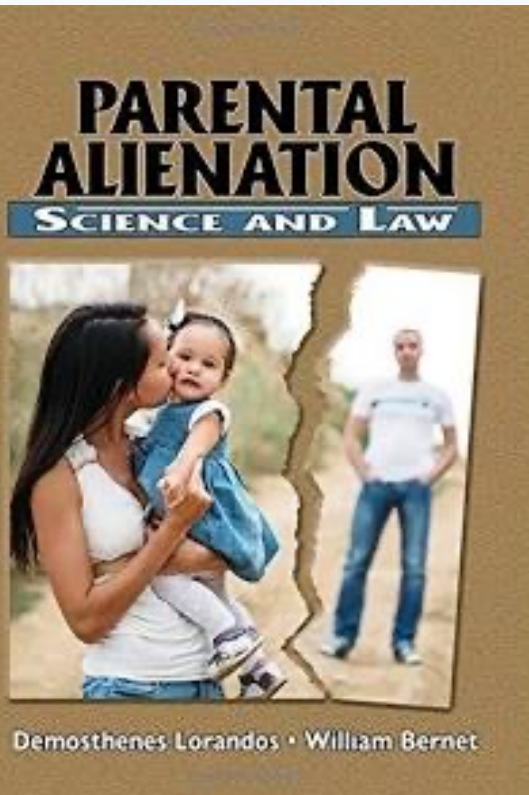


“In contentious divorces, one of the parents may indoctrinate the child to fear or dislike the other parent, thus causing parental alienation between between the child and the rejected parent. Depending on the circumstances, **parental alienation** may be identified by one or more of these DSM-5 terms: child psychological abuse, parent–child relational problem, or child affected by parental relationship distress.” (pp. 3828)

*This is the basic textbook for students of psychiatry*

# ALIENATION IS SETTLED SCIENCE

“There are hundreds professional journals, book chapters, and books that constitute descriptive, qualitative research about Parental Alienation (PA). For clinicians and forensic evaluators, this book explains the research that creates the foundation for assessment, identification, and intervention in cases of PA. For attorneys, judges, and family law professionals, this explains in detail the scientific basis for testimony and legal decisions that relate to PA.” (pp. xiii-xiv)



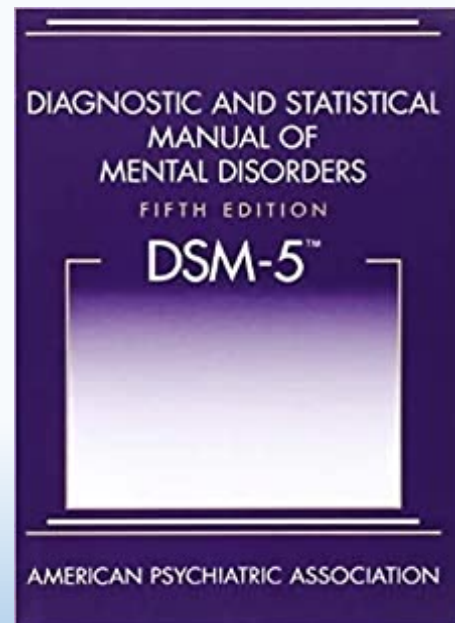
There are two complementary features for most of the chapters. First, the chapter authors address how the evidence regarding PA meets the criteria for *Frye*, *Daubert*, and *Mohan* cases as well as the Federal Rules of Evidence for testimony by experts. Second, the chapter authors address the widespread misinformation and disinformation regarding PA. (pp. xiii-xiv)



# ALIENATION IS SETTLED SCIENCE

## 1. Parent-Child Relational Problem” (V.61.20)

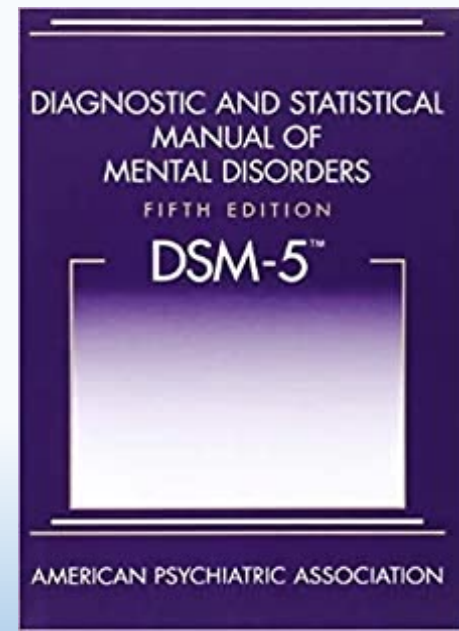
**This category should be used when the main focus of clinical attention is to address the quality of the parent-child relationship or when the quality of the parent-child relationship is affecting the course, prognosis, or treatment of a mental or other medical disorder. Typically, the parent-child relational problem is associated with impaired functioning in behavioral, cognitive, or affective domains. Examples of behavioral problems include inadequate parent control, supervision, and involvement with the child; parental overprotection; excessive parental pressure; arguments that escalate to threats of physical violence; an avoidance without resolution of problems. Cognitive problems may include negative attributions of the other's intentions, hostility toward or scapegoating of the other, and unwarranted feelings of estrangement. Affective problems may include feelings of sadness, apathy, or anger about the other individual in the relationship. (P. 715.) 1.**



# ALIENATION IS SETTLED SCIENCE

## 2. “Child Affected by Parental Relationship Distress” (V61.29)

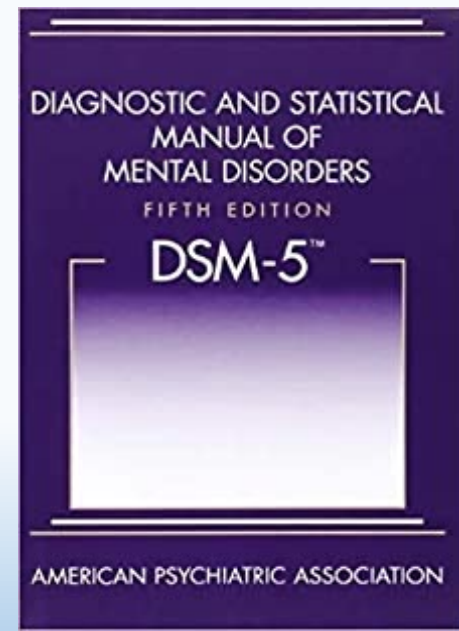
**This category should be used when the focus of clinical attention is the negative effects of parental relationship discord (e. g. high levels of conflict, distress, or disparagement) on a child in the family, including effects on the child's mental or other medical disorders. (P. 716.)**



# ALIENATION IS SETTLED SCIENCE

## 3. “Child Psychological Abuse” (995.51):

**Child psychological abuse is nonaccidental verbal or symbolic acts by a child's parent or caregiver that result, or have reasonable potential to result, in significant psychological harm to the child ... Examples of psychological abuse of a child include berating, disparaging, or humiliating the child; threatening the child; harming/abandoning---or indicating that the alleged offender will harm/abandon---people or things that the child cares about. (P. 719.)**



# ALIENATION IS SETTLED SCIENCE

## CLINICAL REVIEW

### Child Affected by Parental Relationship Distress

William Bernet, MD, Marianne Z. Wamboldt, MD, William E. Narrow, MD, MPH

**Objective:** A new condition, “child affected by parental relationship distress” (CAPRD), was introduced in the DSM-5. A relational problem, CAPRD is defined in the chapter of the DSM-5 under “Other Conditions That May Be a Focus of Clinical Attention.” The purpose of this article is to explain the usefulness of this new terminology.

**Method:** A brief review of the literature establishing that children are affected by parental relationship distress is presented. To elaborate on the clinical presentations of CAPRD, four common scenarios are described in more detail: children may react to parental intimate partner distress; to parental intimate partner violence; to acrimonious divorce; and to unfair disparagement of one parent by another. Reactions of the child may include the onset or exacerbation of psychological symptoms, somatic complaints, an internal loyalty conflict, and, in the extreme, parental alienation, leading to loss of a parent-child relationship.

**Results:** Since the definition of CAPRD in the DSM-5 consists of only one sentence, the authors propose an

expanded explanation, clarifying that children may develop behavioral, cognitive, affective, and physical symptoms when they experience varying degrees of parental relationship distress, that is, intimate partner distress and intimate partner violence, which are defined with more specificity and reliability in the DSM-5.

**Conclusion:** CAPRD, like other relational problems, provides a way to define key relationship patterns that appear to lead to or exacerbate adverse mental health outcomes. It deserves the attention of clinicians who work with youth, as well as researchers assessing environmental inputs to common mental health problems.

**Key words:** child affected by parental relationship distress, intimate partner distress, intimate partner violence, loyalty conflict, parental alienation

*J Am Acad Child Adolesc Psychiatry* 2016;55(7):571–578.

When the DSM-IV-TR transitioned to the DSM-5, there were many important changes in the text, such as the removal of 54 diagnoses and the addition of 39 new diagnoses. One of the new terms introduced in the DSM-5 was “child affected by parental relationship distress” (CAPRD). There is little elaboration of the meaning of CAPRD in the DSM-5, with the brief explanatory text simply saying, “This category should be used when the focus of clinical attention is the negative effects of parental relationship discord (e.g., high levels of conflict, distress, or disparagement) on a child in the family, including effects on the child’s mental or other medical disorders.”<sup>1(p75)</sup> The codes for CAPRD are V61.29 (as in the *International Classification of Diseases, 9th Revision [ICD-9-CM]*) and Z62.898 (as in *ICD-10-CM*).

CAPRD is in the chapter of the DSM-5 “Other Conditions That May Be a Focus of Clinical Attention.” It is in the first section of that chapter, which is headed “Relational Problems.” The introductory material notes that parent-child relationships can be “protective, neutral, or detrimental to health outcomes.”<sup>1(p75)</sup> Also, “a relational problem may come

to clinical attention either as the reason that the individual seeks health care or as a problem that affects the course, prognosis, or treatment of the individual’s mental or other medical disorder.”<sup>1(p75)</sup> The other relational problems presented in the chapter, “Other Conditions That May Be a Focus of Clinical Attention,” are parent-child relational problem; sibling relational problem; upbringing away from parents; relationship distress with spouse or intimate partner; disruption of family by separation or divorce; high expressed emotional level within family; and uncomplicated bereavement. Also included in the chapter “Other Conditions That May Be a Focus of Clinical Attention” are defined terms for both child maltreatment and adult maltreatment.

CAPRD captures the interplay among environmental stressors, genetic vulnerabilities, children who are more susceptible to psychopathology, and those who are resilient. This review explains how children who are exposed to parental relationship distress (e.g., domestic violence) may develop a variety of mental disorders, ranging from an adjustment disorder to major depressive disorder. When children have a mental disorder, adding the diagnosis of CAPRD or other relational problem, as appropriate, may help to differentiate treatment outcomes. On the other hand, children who are unusually resilient—because of innate hardiness, support from extended family, community resources, or other situational factors—may experience parental relationship distress and manifest no psychological symptoms at all.

“Children who experience parental alienation almost always fulfill the definition for CAPRD; that is, the child is affected by conflict between the parents, with the result of forming an enmeshed relationship with one parent and rejecting a relationship with the other parent. Depending on the focus of clinical attention, other DSM-5 conditions may be assigned in cases of parental alienation.

When the DSM-5 was in development, there was a proposal to include parental alienation disorder as a new diagnosis. In response, members of the DSM-5 Task Force never said that they doubted the reality or the importance of parental alienation. However, they concluded that parental alienation did not meet the standard definition of a mental disorder, that is, “the requirement that a disorder exists as an internal condition residing within an individual.” Task Force members said that parental alienation should be considered an example of a relational problem because it involves a disturbance in the child’s relationship with one or both parents.” (p. 575)

This article is discussed in an editorial by Drs. Robert R. Althoff and Andrés Martín on page 542.

CG Clinical guidance is available at the end of this article.

An interview with the author is available by podcast at [www.jaacap.org](http://www.jaacap.org) or by scanning the QR code to the right.



# ALIENATION IS SETTLED SCIENCE

COMMENTARY

Check for updates

## The Five-Factor Model for the Diagnosis of Parental Alienation

William Bernet, MD<sup>1</sup>, and Laurence L. Greenhill, MD<sup>2</sup>

**A**lthough the phenomenon that we know as parental alienation (PA) had been described in the mental health and legal literature for many years, it was given its name—parental alienation syndrome—by Richard Gardner in 1985. As time went on, most writers abandoned the use of the word syndrome and simply referred to this mental condition as parental alienation. The definition of PA is a mental state in which a child—usually one whose parents are engaged in a high-conflict separation or divorce—allies strongly with one parent (the favored parent) and rejects a relationship with the other parent (the alienated parent) without a good reason. Of course, it is a major loss for a child to experience the removal of a parent from their life in that manner. The purposes of this commentary are to explain definitions and distinctions related to PA; describe the Five-Factor Model (FFM) for the identification of PA; and offer clinical, legal, and training implications stemming from an understanding of PA.

It is important to distinguish PA from parental alienating behaviors (ABs). PA refers to the behaviors and signs manifested by the alienated child; ABs refer to the activities of the alienating parent that contribute to the child's rejection of the alienated parent. Thus, the alienating parent is the parent who is indoctrinating or influencing the child to fear or reject the other parent. On the other hand, the alienated parent is the parent that the child refuses to visit or communicate with.

Another difference between PA and ABs is their prevalence. ABs are very common; many divorced parents engage in ABs to some degree, such as bad-mouthing the other parent and interfering with the other parent's time with the child. However, PA occurs less frequently. Harman *et al.*<sup>1</sup> reported that more than 30% of parents in the United States described being the target of multiple ABs, while only 1.3% of parents described being moderately or highly alienated from a child. Many children are exposed to ABs, but only a few develop PA.

Although the words parental alienation are not in *DSM-5* or *International Classification of Diseases 11th Revision (ICD-11)*, the concept of PA is found in those manuals. In *DSM-5*, there are 3 diagnoses that can be used when PA has

been identified in a child or a family. For example, the diagnosis child affected by parental relationship distress can be used in cases involving PA.<sup>2</sup> Other diagnoses, such as parent-child relational problem and child psychological abuse, may also be used in cases involving PA. Likewise, with regard to *ICD-11*, the diagnosis of caregiver-child relationship problem can be used.

### FIVE-FACTOR MODEL

The FFM is a method for diagnosing PA by understanding and identifying the components of this condition. Although all 5 factors are typically required to diagnose PA, there may be exceptions to this general rule. The features of the FFM are summarized in this commentary; additional information is available in Bernet<sup>3</sup> and Lorandos and Bernet.<sup>4</sup>

#### Factor One

*The Child Manifests Contact Resistance or Refusal, ie, Avoids a Relationship With One of the Parents.* The first factor is inherent in the definition of PA, ie, that the child is refusing or resisting a relationship with the rejected parent. There are several causes of contact refusal, and it is necessary to conduct an evaluation to determine whether the cause in a particular case is PA or some other issue within the child or the family. Other causes of contact refusal include an understandable preference the child might have for one parent over the other; avoiding a loyalty conflict by gravitating to one parent and shunning the other; being worried or depressed, such as experiencing separation anxiety; being overly stubborn or oppositional; and estrangement due to previous maltreatment.<sup>5</sup>

#### Factor Two

*The Presence of a Prior Positive Relationship Between the Child and the Rejected Parent.* This factor requires that the rejected parent was an involved and loving parent before the breach, even if imperfect, as all parents are. The favored parent and the child may claim that the rejected parent never

**“The Four-Factor Model was found to be a reliable instrument by Baker,<sup>10</sup> who studied the opinions of 68 mental health professionals who rated 16 variations of a vignette. The FFM consists of the Four-Factor Model plus factor one, ie, the threshold requirement that the child manifests contact refusal. Bernet et al.<sup>11</sup> found that more than 85% of 119 child custody evaluators agreed or strongly agreed with the definition of the FFM discussed in this commentary. Although use of the FFM for the diagnosis of PA is new, all the individual components of the model have a long history in the PA literature; the model is simply a compilation of preexisting terms and concepts, not a new creation.**

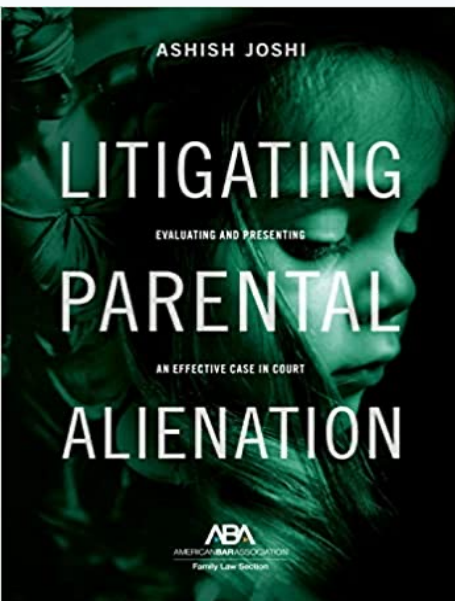
**The FFM appears to be a reliable way to identify PA; it can be used to differentiate between alienation and estrangement. (p. 593)**

# ALIENATION IS SETTLED SCIENCE

A review of judicial decisions from the courts around the country demonstrate that parental alienations is widely acknowledged and used as a concept by courts and practitioners. But there is pushback. Some opponents of the concept of parental alienation are detractors who will stoop to any level and will turn a blind eye to emerging research, empirical studies, and judicial decisions that are increasingly in support of the concept of parental alienation. (p. xix)

These opponents of the concept of parental alienation create smokescreens and confuse the field by conflating theories, draw sweeping contradictory conclusions about parental alienation theory, present strawman arguments, and put forward ideologies masquerading as science.

The result is confusion, misinformation, fallacies, myths, and *woozles*—unsupported and misleading claims that are widely disseminated and often repeated....There is no doubt the parental alienation exists and that American courts knowledge the concept. (p. xix)



# ALIENATION IS SETTLED SCIENCE

## PARENTAL ALIENATION IN U.S. COURTS, 1985 TO 2018

Demosthenes Lorandos

Courts have been dealing with alienating behaviors in high conflict family litigation for hundreds of years. Experts in the behavioral sciences have been writing about mothers and fathers manipulating their children to disparage the other parent for more than seventy years. But in the last two decades some social scientists and legal professionals have questioned the legitimacy of parental alienation as a concept and its admissibility in child abuse and child custody litigation. This study was designed to examine the extent to which courts in the United States have found the concept of parental alienation material, probative, relevant and admissible. Thirty-four years of cases were found with a WESTLAW query and analyzed. Cases were selected for study only if the record reflected that a judge or an independent expert found the concept of parental alienation to be of value in the litigation. Results illustrate increasing awareness of the concept and document its admissibility in every one of the United States. The numbers, sex of the alienating parent and prevalence of significant custody changes are discussed. Limitations inherent in this form of quantitative analysis are also discussed with recommendations for future research.

### Key Points for the Family Court Community:

- Do courts admit expert testimony on parental alienation?
- Do courts rely on expert testimony on parental alienation?
- Are the numbers of parental alienation cases increasing?
- What are the gender proportions of the alienating parents in appellate courts reports?
- Do courts change custody when dealing with parental alienation?
- What are the challenges in this kind of research?

**Keywords:** alienation; children; courts; custody; evidence; parent.

## I. STATEMENT OF THE PROBLEM

Two-hundred-and-fifteen years ago, the first recorded case resembling parental alienation (PA) was fought out in the courts of England.<sup>1</sup> Over the last two centuries, English-speaking jurists have grappled with parents kidnapping, brainwashing, manipulating and influencing their children to reject the other parent in thousands of cases.<sup>2</sup> In dealing with the construct, innumerable courts have addressed "alienation";<sup>3</sup> hundreds of peer-reviewed research articles have been published concerning it, using both qualitative and quantitative data;<sup>4</sup> scores of books legal and behavioral sciences professionals discussing PA have also been published; numerous chapters in scholarly books, lectures, and legal treatises on the subject have been produced;<sup>5</sup> many alienated parents and adult survivors of alienation have also written first-hand accounts.<sup>6</sup>

But a meme has developed that PA does not exist.<sup>7</sup> In contrast to scientific and legal literature describing PA behaviors, there have been a number of published articles and book chapters doubting the existence of the concept. Between 1994 and 2018, we find many *Notes*, bar journal and law review articles, lectures, newspaper stories, and websites where law students, attorneys, ex-lawyers and law professors critique the social science literature and research related to PA, while social workers, psychologists and a nurse have focused on the law of evidence and PA. These critics have left their fields of expertise, though in fairness there is a smaller literature where lawyers and legal

Corresponding: dr.lorandos@psychlaw.net

**“Courts across the United States seem to agree with recent research that "the eight behavioral manifestations of PA," and "cluster of symptoms or behaviors indicating the presence of alienation in the child can... be reliably identified.”**

**“In the thirty-four years since the term PAS was first introduced and then later reformulated, trial and appellate courts across the United States have found the construct PA to be material, probative, relevant to their tasks, admissible, and worthy of discussion, as they have grappled with emotionally abusive parents and damaged children.”**

**“Review of the thousands of opinions located by the query reveals that courts understand that there is a distinction between when one parent says negative and disparaging things about the other parent to the child," and when an aggressor parent "engage[s] in behavior designed to sabotage the child's relationship with the victim parent.”**

***Study based on 1181 Appellate cases across the U.S.***

# ALIENATION IS SETTLED SCIENCE



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Developmental Psychology

<https://doi.org/10.1037/dev0001404>

## Developmental Psychology and the Scientific Status of Parental Alienation

Jennifer J. Harman<sup>1</sup>, Richard A. Warshak<sup>2</sup>, Demosthenes Lorandos<sup>3</sup>, and Matthew J. Florian<sup>4</sup>

<sup>1</sup> Department of Psychology, Colorado State University

<sup>2</sup> Independent Practice, Richardson, Texas, United States

<sup>3</sup> Psychlaw.net, Ann Arbor, Michigan, United States

<sup>4</sup> Eris Enterprise, LLC, Fort Collins, Colorado, United States

Theory and research have described developmental processes leading to damaged parent-child relationships, such as those that occur during a divorce. However, scholars dispute the scientific status of the literature on children who form unhealthy alliances with one parent against the other—termed parental alienation (PA). This comprehensive literature review tests competing descriptions of the PA literature. Accessing four electronic databases, we identified 213 documents with empirical data on PA published in 10 languages through December 2020. The results confirmed that the current state of PA scholarship meets three criteria of a maturing field of scientific inquiry: an expanding literature, a shift toward quantitative studies, and a growing body of research that tests theory-generated hypotheses. Nearly 40% of the PA literature has been published since 2016, establishing that PA research has moved beyond an early stage of scientific development and has produced a scientifically trustworthy knowledge base. This literature review documents the value of multiple research methodologies to this knowledge base. In addition, the growing body of research described in this review enhances our understanding of the association between interparental conflict and the breakdown of parent-child relationships in families where conflict differentially affects children's relationship with and behavior toward each parent.

**Keywords:** systematic review, parental alienation, research synthesis, child abuse, parental conflict

**Supplemental materials:** <https://doi.org/10.1037/dev0001404.supp>

Developmental psychology contributes to our understanding of the origin and progression of parent-child relationships, the processes that impinge on parent-child relationships, and the impact of such relationships, or their absence, on subsequent development. Robust research has linked the quality of the relationship between parents to children's psychopathology and the quality of their relationship with their parents. Specifically, chronic exposure to poorly managed interparental conflict is a known risk to children's psychological development (Buchanan et al., 1991; Copeland et al., 2009; Cui et al., 2005; Cummings & Davies, 2010; Davies & Cummings, 1994;

Davies & Martin, 2014; Harold & Sellers, 2018; Hetherington et al., 1998; Ramos et al., 2022; van Eldik et al., 2020).

### Interparental Conflict and Children's Psychological Development

Various conceptual models have been developed to explain how and why interparental conflict impairs parent-child relations and leaves children more vulnerable to affective, behavioral, and cognitive problems and to identify factors and processes that mediate these links. Mediating factors include spillover and compensatory processes (Ramos et al., 2022), children's appraisals of conflict (Grych et al., 2003), fear of abandonment (O'Hara et al., 2021), parenting quality (DeBoard-Lucas et al., 2010; Sandler et al., 2008), attachment security (Brook & Kochanska, 2016; Constantine, 2006), and emotional security (Davies & Martin, 2014). A gap in the literature on mediating processes is that, with few exceptions, studies report global effects, such as a decline in parent-child relationship quality or an increase in children's aggressive behavior, without separately analyzing the child's relationship and behavior with each parent.

Triangulation is one mediating process that has been studied in detail, and it leads to changes in how a child relates to their parents. This process occurs when the parents involve the child in their conflict, such as by sharing inappropriate information

**“We identified 213 documents with empirical data on PA published in 10 languages through December 2020. The results confirmed that the current state of PA scholarship meets three criteria of a maturing field of scientific inquiry: an expanding literature, a shift toward quantitative studies, and a growing body of research that tests theory-generated hypotheses. Nearly 40% of the PA literature has been published since 2016, establishing that PA research has moved beyond an early stage of scientific development and has produced a scientifically trustworthy knowledge base.” (p. 1)**

Jennifer J. Harman <https://orcid.org/0000-0002-7280-824X>

Demosthenes Lorandos <https://orcid.org/0000-0003-2486-6397>

Matthew J. Florian is now at COMERIT, Inc., Eldorado Hills, California, United States.

This project was not preregistered; however, the materials associated with this project are accessible on the Open Science Framework: [https://osf.io/h9r38/?view\\_only=24fa3c312051470ca2eb36e7b1cf676](https://osf.io/h9r38/?view_only=24fa3c312051470ca2eb36e7b1cf676).

Correspondence concerning this article should be addressed to Jennifer J. Harman, Department of Psychology, Colorado State University, 219 Behavioral Sciences Building, Fort Collins, CO 80523-1876, United States. Email: [jjharman@colostate.edu](mailto:jjharman@colostate.edu)



# ALIENATION PHENOMENON IN HISTORY

## THE LIGHTBULB MOMENT SPRARKING THE BIRTH OF FAMILY SYSTEMS THERAPY



**OBSERVING TRIANGULATION**

*(the same dynamics occurring in alienation)*

# The Birth of the Family Therapy Movement in the 1950s: **Spawned by Triangulation**

## Hospital Family Visitation Room



## During the Visit



## After the Visit



**The founders of the Family Therapy Movement  
labeled the dysfunctional family dynamic at the  
root of the child's psychosis as**

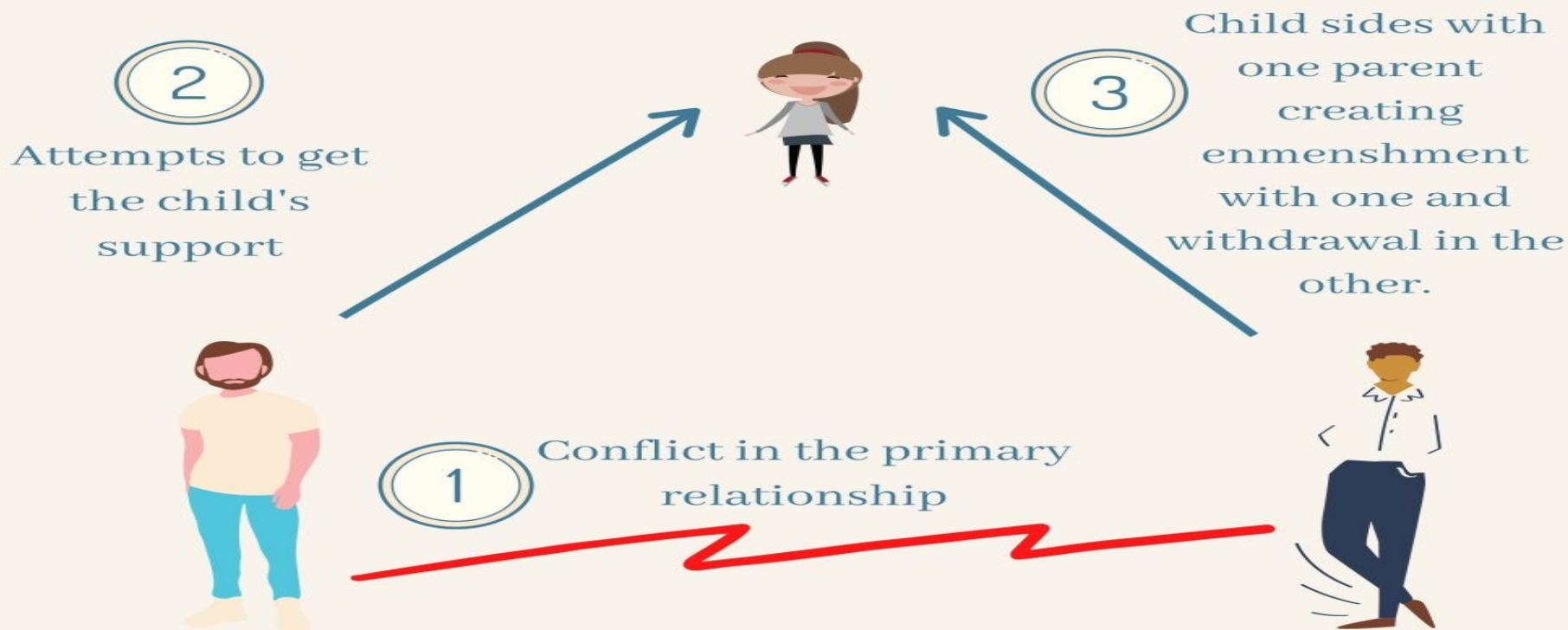
**“Triangulation”**

MSB FAMILY GUIDE

# What is Triangulation?

@MYSOULBALM

# TRIANGULATION



@PSYCHOTHERAPY.CENTRAL

## **Core concepts: triangulations**



- **Triangulation occurs when one member of a two-member system who are against one another attempts to distract from the conflict by bringing in a third person to focus on.**
- **For example : two parents who are fighting; one member may attempt to win the child over to his or her “side.”**
- **puts the child in a no-win position: child allies with one parent, experiences betrayal of the other parent, and the original conflict is never resolved.**

# TRIANGULATION

- Bowen says that we are always attracted to triangulation as a concept in almost all relationships (just as cats are attracted to birds!)
- Since **dyads** are the least stable communication system and prone to tension, couples and families tend to bring in a third party, interest or influence when the going gets too hot
- This happens at many different levels, since all relationships go through cycles of **distance and closeness**
- The partner who is feeling the most discomfort is usually the one who pulls in a third party as a way of gaining an ally.

# **THE PERVERSE TRIANGLE**

**“A parent-child coalition not only undermines the authority of the other parent but makes the authority of the favoring parent dependent upon support from the child”**

**Jay Haley (1977) “Toward a Theory of Pathological Systems”**

**in *The Interactional View***

***Eds. Watzlawick & Weakland (1977)***



## **ALIENATION PHENOMENON IN HISTORY**

- **The attempted alignment by the triangulating parent led to child's psychosis because the child faced a catch-22/no-win situation—the child being unable to resolve the triangulation by maintaining a relationship with each parent**
- **Either the child aligned with the triangulating parent to marginalize and dismiss the other parent; or, alternatively, resistance to the alignment resulted in the triangulating parent to reject the child.**

***Whatever name this phenomenon is labeled—  
selfish parenting, narcissistic parenting, restrictive gatekeeping,  
triangulation, alienation, or more—  
its existence is settled science***

**A Rose by Any Other Name is Still a Rose**

# The Rigid Triad

“takes the form of a stable coalition. One of the parents joins with the child in a rigidly bounded cross-generational coalition against the other parent....

Whenever the child sides with one, he is automatically defined as **attacking** the other. In this highly dysfunctional structure, the child is **paralyzed**...This triad is the typical transactional pattern, accompanied by other significant family characteristics, in families having children with **severe psychosomatic symptoms.**”

**Minuchin (1981), *Families and Family Therapy*, p. 102**

# CHARACTERISTICS OF ALIENATION

- **Complex medical/clinical situation typically involving severe cognitive distortions, profound emotional dysregulation, and extreme or bizarre behaviors on the part of the alienating parent and the brainwashed child**
- **The severely alienating parent likely suffering from severe mental disorders and from one more personality disorders—narcissistic, borderline, antisocial, paranoid**
- **A dysfunctional cross-generational alliance between a parent and child to dismiss and marginalize the other parent—absent a bona fide protective reason**

# CHARACTERISTICS OF ALIENATION

- In severe, and many moderate, cases of PA, the alliance between the child and alienating parent involves **pathological enmeshment**—a significant boundary violation of the child by the alienating parent in which the parent strips the child of the child's own feelings, thinking, opinions, and wishes and implants his or her own
- Pathological enmeshment appears to be healthy bonding to non-specialists in alienation—one of many counterintuitive issues arising in alienation cases
- Pathological enmeshment is a serious psychiatric condition for the child in which the child loses all sense of autonomy and ability to function independently

# The three types of pathological enmeshment

- Infantilization
  - ◆ The parent has made the child pathologically dependent; the child is infantilized.
- Adultification
  - ◆ The parent has inappropriately treated the child like an adult; the child is adultified.
- Parentification.
  - ◆ The parent has permitted the child to assume a parental role with that parent; the child is parentified.

# ALIENATION PHENOMENON IN HISTORY

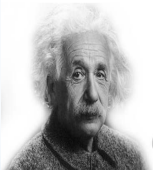


**Richard Gardner, MD**

**4/28/1931-5/25/2003**

**Dr. Gardner was Board Certified as an adult psychiatrist, a child psychiatrist, and a forensic psychiatrist. He was Clinical Professor at Columbia University Medical School. He authored 41 books and more than 200 journal articles and book chapters. Many of Gardner's writings were published in peer-reviewed journals—including on the topic of Parental Alienation Syndrome (PAS)—the term he coined for the family dynamic I discussed as triangulation.**

To raise new questions,  
new possibilities, to  
regard old problems  
from a new angle,  
requires creative  
imagination and marks  
real advance in science.



**Albert Einstein**

*German Theoretical-Physicist*  
(1879-1955)

QuoteHD.com

# ALIENATION PHENOMENON IN HISTORY



**Richard Gardner, MD**

**4/28/1931-5/25/2003**

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Like dedicated and respected scientists before him, Dr. Gardner built on the knowledge of those scientists who went before him—namely the child psychiatrists who founded the Family Therapy Movement.

Gardner's contribution to our knowledge of this dysfunctional family dynamic was to identify **the eight classic manifestations of an alienated child--** manifestations that are now widely accepted in the scientific community to be valid for identifying and predicting an alienated child.

# Parental Alienation (PA) v. Parental Alienation Syndrome (PAS)

## *The Strawman Argument*

A syndrome applies only to an individual and not to a relationship

So PAS would involve only the child and would leave out the parents and the dysfunctional family relationships

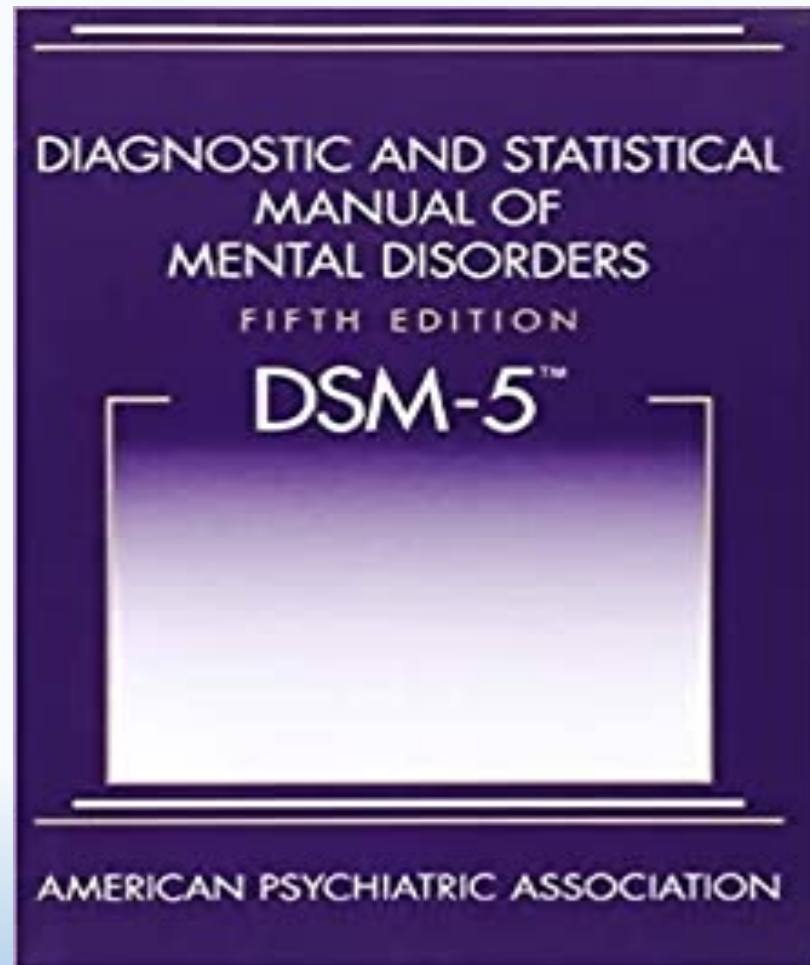
The term PA incorporates all the interactions (dynamics) occurring in the family phenomenon of PA

It is a straw man argument to conflate PA with PAS





*The DSM-5 gave meaning to the phenomenon of alienation by describing its dynamics as examples of three dysfunctional family relationship problems at the focus of clinical attention*



# The Duplicitous PAS Attack

## *DSM-5 definition of a syndrome:*

“A grouping of signs and symptoms, based upon their frequent co-occurrence that *may* suggest a common underlying pathogenesis, course, familial pattern, or treatment selection ” (p. 830)

## *Kelly & Johnston (2001): “The Alienated Child: A Reformulation of Parental Alienation Syndrome”:*

*“because there is no* ‘commonly recognized, or empirically verified pathogenesis, course, familial pattern, or treatment selection’: of the problem of PAS, it cannot properly be considered a diagnostic syndrome as defined by the American psychiatric Association.” (p. 249)



# The Duplicitous PAS Attack

Of particular note, although Kelly & Johnston are responsible for initiating the erroneous anti-syndrome claim regarding PAS, they nonetheless go on, **in this very article**, to accept all 8 of Gardner's manifestations to identify an alienated child

***Gardner's 8 manifestations of an alienated child  
meet the DSM definition of a syndrome!***



## **GARDNER'S EIGHT MANIFESTATIONS OF AN ALIENATED CHILD**

- **A campaign of denigration**
- **Weak, frivolous or absurd reasons for the denigration**
- **Lack of ambivalence**
- **"Independent thinker" phenomenon**
- **Reflexive support of the alienating parent**
- **Absence of guilt or remorse**
- **Borrowed scenarios**
- **Rejection of friends and extended family of the alienated parent**

## **Additional typical signs and indicators of an alienated child**

- **A previously-positive baseline relationship between the child and the alienated parent**
- **A precipitous, inexplicable rejection of the parent**
- **Erasing/denial of positive memories of the rejected parent**
- **Pathological enmeshment with the alienating parent**

# **17 ALIENATING BEHAVIORS OR STRATEGIES**

## **(Baker & Fine, 2013)**

- 1. Badmouthing.**
- 2. Limiting Contact.**
- 3. Interfering with communication.**
- 4. Interfering with symbolic communication (i.e. pictures and photos).**
- 5. Withdrawal of love.**
- 6. Telling the child the targeted parent is dangerous (a specific type of badmouthing).**

- 7. Forcing the child to choose between parents.**
- 8. Telling the child the targeted parent does not love him or her.**
- 9. Confiding in the child.**
- 10. Forcing the child to reject the targeted parent.**
- 11. Asking the child to spy on the targeted parent.**
- 12. Asking the child to keep secrets from the targeted parent.**
- 13. Referring to the targeted parent by first name and/or encouraging the child to do so.**

- 14. Referring to a step-parent as "Mom" or "Dad" and encouraging the child to do the same.**
- 15. Withholding medical, academic, and other important information from the targeted parent/keeping the targeted parent's name off medical, academic, and other relevant documents.**
- 16. Changing the child's name to remove association with the targeted parent.**
- 17. Cultivating dependency/undermining the authority of the targeted parent (may include overly permissive parenting by the alienating parent).**



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***FATHERS ENGAGE IN PARENTAL ALIENATION  
IN EQUAL PERCENTAGES TO MOTHERS  
WHEN GIVEN THE OPPORTUNITY***